

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**JUN 28 1937**

**1. PLACE OF DEATH**

County Platte  
 Township Petta  
 City Parkville (No. 7)

Registration District No. 195  
 Primary Registration District No. 3920

File No. 21025  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bruce G. Graves  
 (a) Residence, No. Leavenworth St., Kan. Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Quartermaster  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2nd Lieut. in reserve U.S.A.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Mo.

FATHER 13. NAME William 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Lillian Mae Gill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2

17. INFORMANT (ADDRESS) Mag. Reabody, 47 1/2 S. 1st St. Parkville Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kan. DATE June 2 1937

19. UNDERTAKER (ADDRESS) John C. Dennis, Leavenworth

20. FILED June 3 1937 S. P. Ford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a. m.

The principal cause of death and related causes of importance were as follows:

Automobile accident on # 71 Highway  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Fractured Skull and Possible Internal Injury

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident. Date of injury June 2 1937  
 Where did injury occur? Parkville Mo. off HCo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
on # 71 Highway  
 Manner of injury Auto accident  
 Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Robert G. Francis \_\_\_\_\_  
 (Address) Parkville Mo. Co. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

210M

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte  
Township Pettis  
City (No. ....) St. .... Ward)

Registration District No. 695-  
Primary Registration District No. 3922

File No. 21025  
Registered No. ....

**2. FULL NAME**

Bruce H. Graves

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 6-10 1937 S. P. Ford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19... I last saw him alive on, 19... Death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

automobile accident  
21st Highway  
Driving own car  
Date of onset 210 11

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Speed Date of injury June 7, 1937

Where did injury occur? Platte Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Highway

Nature of injury Automobile accid.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leland H. Francis

(Address) Parkville Mo. Co.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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